DR 0225 (12/30/21)
COLORADO DEPARTMENT OF REVENUE
Excise Tax Accounting Section
P.O. Box 17087
Denver CO 80217-0087
Tax.Colorado.gov

DOR\_ExciseTax@state.co.us

# Tobacco Products Tax Return for Unlicensed Activity Instructions

# **General Information**

### Who Must File

This return must be filed by all persons or entities who are not licensed tobacco products distributors, receiving untaxed tobacco products from a distributor who neglected to remit the tobacco products tax.

Tobacco products do not include factory rolled cigarettes or nicotine products that do not contain tobacco. This return must be filed within thirty (30) days of taking possession of the product.

Enter your DOR account number or sales tax number, your name or the establishment name, month and year tobacco products were purchased for the period, your FEIN or SSN, and your address.

Sign and date in the spaces provided.

To file electronically, send the completed return to

DOR\_ExciseTax@state.co.us. Payment instructions will be provided in the response to your email.

To file by mail, send the return and make payment to:

Colorado Department of Revenue Excise Tax Accounting Section P.O. Box 17087 Denver, CO 80217-0087

**Manufacturer's list price** means the invoice price for which a manufacturer or supplier sells a tobacco product exclusive

of any discount or other reductions.

**Modified Risk Tobacco Products** are ONLY those tobacco products that the Secretary of the U.S. Department of Health and Human Services issued an order authorizing the product to be commercially marketed as a modified risk tobacco product in accordance with 21 U.S.C. sec. 387k or any successor section. Attach invoice for proof of purchase.

**Roll Your Own (RYO) Tobacco** - If RYO tobacco was purchased, list brand of RYO tobacco and total ounces purchased, by brand in the space provided.

**Moist Snuff** - If moist snuff was purchased, you must complete the Moist Snuff Tax Calculation and include the total tax (column K) on line 6.

# **Specific Line Instructions**

### Line 1

Enter the gross purchases of tobacco products, at manufacturer list price, for the reporting period excluding moist snuff reported on the Moist Snuff Tax Calculation.

## Line 2

Enter the amount of purchases for which excise tax has already been paid to the State of Colorado. (Attach copies of invoices.)

#### Line 3

Total untaxed tobacco products. Subtract line 2 from line 1.

## Line 4

Tax Rates. Use the tax rate from the table below:

|   | Tax Rates                                  |                                      |  |  |  |  |
|---|--|--------------------------------------|--|--|--|--|
| Period                                      | Tobacco Products<br>(Non-Modified<br>Risk) | Modified<br>Risk Tobacco<br>Products |  |  |  |  |
| December 31,<br>2020 and prior              | 40%  | 40%                                  |  |  |  |  |
| January 1, 2021<br>through<br>June 30, 2024 | 50%  | 35%                                  |  |  |  |  |
| July 1, 2024<br>through<br>June 30, 2027    | 56%  | 38%                                  |  |  |  |  |
| July 1, 2027<br>and later                   | 62%  | 41%                                  |  |  |  |  |

# Line 5

Tax Due. Multiply line 3 by the rate on line 4.

# Line 6

Total tax due. Add both columns of line 5 and the total of column K from the Moist Snuff Tax Calculation.

## Line 7

Penalty. If return is filed more than thirty (30) days after taking possession, multiply line 6 by 500% (5.0).

#### Line 8

Interest percentage can be found on FYI General 11, available at *Tax.Colorado.gov* 

# Line 9

Amount owed. Add lines 6, 7, and 8.

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# COLORADO DEPARTMENT OF REVENUE

Signed under penalty of perjury in the second degree.

Signature

Excise Tax Accounting Section P.O. Box 17087 Denver CO 80217-0087 Tax.Colorado.gov DOR\_ExciseTax@state.co.us

# **Tobacco Products Tax Return for Unlicensed Activity**

|   | _Excise iax            | (@state.co.us  |                     |                      |                        |          |                     |                                |                         |                    |             |             |                       |    |  |
|---|------------------------|--|---------------------|----------------------|------------------------|----------|---------------------|--------------------------------|-------------------------|--------------------|-------------|-------------|-----------------------|----|--|
| DOR Account Number (if applicable) Period (MM/YY - MM/YY) |                        |  |                     |                      |                        |          | F                   | EIN                            | SSN                     |                    |             | 0225-102    |                       |    |  |
| Business Name or Last name Fire                           |                        |  |                     |                      |                        |          | е                   |                                |                         |                    |             | Middl       | e Initial             |    |  |
| Add   | ress                   |  |                     |                      |                        |          |                     | City                           |                         |                    | State       | Zip         |                       |    |  |
|   |                        |  |                     |                      |                        |          |                     | pacco Prod                     |                         | 1                  | <br>Modifi  |             |                       |    |  |
| Total gross purchases of tobacco products                 |                        |  |                     |                      | 4                      | -        | (Non-Modified Risk) |                                |                         | Tol                | bacco       | co Products |                       |    |  |
| 1.  |                        | ross purcha<br>facturer's lis  |                     | acco produc          | ts<br><u>• 1</u>       |          |                     |                                | 00                      |                    |             |             | (                     | 00 |  |
| 2   | Dadua                  | t  | of toy poid         | tabaaaa mua          | duata 1                | ,        |                     |                                | 0.0                     |                    |             |             |                       | ٠. |  |
| 2.<br>3.  |                        |  |                     |                      |                        |          |                     |                                | 00                      |                    |             |             |                       | 00 |  |
| ა.  | from li                |  | acco produc         | Jis. Subilac         | 3                      |          |                     |                                | 00                      |                    |             |             |                       | 00 |  |
| 4   |                        | co products  | excise tax          | rates use            |                        | <u>'</u> |                     |                                | 00                      |                    |             |             |                       |    |  |
| ••  |                        | •  |                     | ructions pag         | ne. <b>4</b>           | .        |                     |                                |                         |                    |             |             |                       |    |  |
|   |                        |  |                     |                      | ,                      |          |                     |                                |                         |                    |             |             |                       | _  |  |
| 5.  | Tax du                 | e. Line 3 m  | ultiplied by        | tax rate on          | line 4. • <b>5</b>     | ;        |                     |                                | 00                      |                    |             |             | (                     | 00 |  |
| 6.  | Total to               | otal tax due. Add both columns of line 5 and the total of column K from the Mois |                     |                      |                        |          |                     |                                |                         |                    |             |             |                       |    |  |
|   | Snuff Tax Calculation. |  |                     |                      |                        |          |                     |                                |                         |                    |             |             | (                     | 00 |  |
| 7.  |                        |  |                     |                      |                        |          |                     |                                |                         |                    |             |             |                       |    |  |
| 0   |                        | y line 6 by 50   |                     | ntage can b          | o found in             | . FVI C  | ) on o              | rol 11 ovoi                    | 7                       |                    |             |             | (                     | 00 |  |
| 8.  |                        | olorado.gov  | •                   | ilage can b          | e iouna ii             | IFTIG    | ene                 | iai II, avai                   | 8 au                    |                    |             |             |                       | 00 |  |
|   | Tax. O                 | Jiorado.got  | <i>/</i> .          |                      |                        |          |                     |                                |                         |                    |             |             |                       |    |  |
| 9. Amount Owed (add lines 6, 7 and 8).                    |                        |  |                     |                      |                        |          |                     |                                | 9                       | \$                 |             |             | .00                   | )  |  |
| The   | State may c            | onvert your check  | to a one time elec  | ctronic banking trai |                        |          |                     |                                |                         |                    |             |             |                       |    |  |
| If R  | YO tob                 | acco has b   | een purcha          | sed, list bra        | nd name a              | and tota | al ou               | nces for eac                   | ch brand pu             | rchased.           |             |             |                       | _  |  |
|   |                        |  | Branc               |                      |                        |          | Ounces              |                                |                         |                    |             |             |                       |    |  |
|   |                        |  |                     |                      |                        |          |                     |                                |                         |                    |             |             |                       |    |  |
|   |                        |  |                     |                      |                        |          |                     |                                |                         |                    |             |             |                       | _  |  |
|   |                        |  |                     |                      |                        | -        |                     | alculation                     |                         |                    |             |             |                       |    |  |
| C-  | ntainar                |  |                     |                      | complete               | Tobac    |                     | uff was purch                  | Quantity                |                    | Moist       | Snuff       |                       | _  |  |
| Container<br>Size (oz)  Enter the<br>container<br>size in |                        | List Price   | ce Quantity         | Total Price          | Tobacco<br>Products    | Product  |                     | Equivalent                     | of 1.2 oz<br>Equivalent | Moist              | Minin<br>Ta | num         | Tax                   | _  |  |
|   |                        | purchase numl<br>(invoice conta  | Enter the number of | Multiply             | Tax Rate use rate from | Multi    |                     | Divide column A by             | ,                       | Snuff<br>Minimum   | Multiply    |             | Enter greater o       |    |  |
|   |                        |  | containers          | column B by          | instructions page      | column   |                     | 1.2, if amount is less than 1, |                         | Tax Rate           | columr      | ,           | column F<br>and colum |    |  |
| 0   | unces                  | price)   | purchased           | 33.31111 3           | 13-                    |          |                     | enter 1                        | COIGITITI               |                    | Colui       |             | J                     |    |  |
|   | Α                      | В  | С                   | D                    | Е                      | F        |                     | G                              | Н                       | I                  | J           |             | K                     |    |  |
|   |                        | \$   |                     | \$                   |                        | \$       |                     |                                |                         | \$1.48             | \$          |             | \$                    |    |  |
|   |                        |  |                     |                      |                        |          |                     |                                |                         | \$1.48             |             |             |                       | _  |  |
|   |                        | \$   |                     | \$                   |                        | \$       |                     |                                |                         | φ1. <del>4</del> 0 | \$          |             | \$                    | _  |  |
|   |                        | \$   |                     | \$                   |                        | Φ.       |                     | 1                              |                         | \$1.48             | \$          |             | \$                    |    |  |

Date (MM/DD/YY)

(Add all amounts from column K. Include this amount on line 6.) \$

Total Tax on Moist Snuff